STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 28 2017

	PLEASE PRINT				JUL 28 2017	
	1. Name of Lobbyist	(s) Timothy	M. Kernai	1	NEW HAMPSHII DEPARTMENT OF S	RE STATE
	II. Name of lobbyist's partnership, firm or corporation, if any:					
	Œ,	- 90 to State ame of partnership, firm or corpe	Pruress			
	(Na	ame of partnership, firm or corpe	ration	. 24 !		
57c, 207	4 Pa	ame of partnership, firm or corpo 7 K Street (Street)	-one and	NH	03301	
			Town/City)	(State)	(Zip Code)	
	(Telephone)	<u>471 ()</u>	(Fax)	e-mail		
	III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). X All reportable transactions occurring in the months prior to the reporting date relative to the following client:					
					the following client:	
		(Full Name of Client as it ap	nears on the Lobbyist F	Registration Form)		
	OR					
	All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.					
	IV. Date of Report Reports cover: act	April 26, 2017 ivity from date of registration to	3/31/17 activ	July 26, 2017 X ity from 4/1/17 to 6/30/	17	
		October 25, 2017 activity from 7/1/17 to 9/30/17	, acti	January 31, 2018 [12/2/2013 vity from 10/1/17 to 12/2		
	V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.					
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	Concord, NH 03301.					
	Concord, NII 03301. VI. Check if addition	onal reports are attached: ived fees or made expenditure	s, you must file Add	lendum A- Fees and	Expenses	
	VI. Check if addition If you have receilf you have paid	onal reports are attached:	l expenses, you must			